

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-013779

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED MAR 20 1963

Primary Registration District No.

1003

Registrar's No.

2867

STATE FILE NUMBER

VS 300
Rev. 4/59

1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST LOUIS

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Edgewater Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR

TOWN

ST LOUIS

Inside Limits

Yes ☐ No ☐

d. STREET

ADDRESS

(If outside, give location)

SAUN Hotel 1919 S. Grand

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

ALMA LOUISE RYAN

4. DATE

Month

Day

Year

MARCH 11 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

MAR. 23 1877

9. AGE (last birthday)

85

10. IF UNDER 1 YEAR

Months Days Hours Min.

11. IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

TEXAS

12. CITIZEN OF WHAT COUNTRY

U-S-A

13a. FATHER'S NAME

PETER ANKERSON

13b. MOTHER'S MAIDEN NAME

ANALIE SCHMUCK

14. NAME OF HUSBAND OR WIFE

PATRICK T RYAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

MARY JANE BUCHANAN 3656 MICHIGAN

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

5 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4500

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20f. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Mar. 29, 1962 to July 11, 1962 and last saw her alive on July 11, 1962

Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

7-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

MARCH 13, 1963

23c. NAME OF CEMETERY OR CREMATORY

CALVARY CEMETERY

23d. LOCATION (City, town, or county)

ST. LOUIS

(State)

MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

MAR 12 1963

26. REGISTRAR'S SIGNATURE

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eleana Province

Licensed Embalmer No.

3403

P. O. Address

7906 Jarrow

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.